

# **SUBSTANCE ABUSE AGENCY MODEL (SAAM)**

## **Fee For Service Reports**

**Q1 CY 2015**

1. Providers Enrolled
2. Active Providers
3. Claims
4. Denials
5. Procedures
6. Diagnoses
7. Aid Category
8. Demographics

## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 1 2015
				Providers Enrolled
Provider Type NV Code	Provider Specialty NV Cd	Provider County	Provider ID and Name	
017	215	Carson City	100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		Churchill	100535036 NEW FRONTIER TREATMENT CENTER	1
		Clark	100535029 COMMUNITY COUNSELING CENTER	1
			100535030 HELP OF SOUTHERN NEVADA	1
			100535031 HELP OF SOUTHERN NEVADA	1
			100535035 VITALITY UNLIMITED	1
			100535042 LAS VEGAS INDIAN CENTER INC	1
			100535044 BRIDGE COUNSELING ASSOCIATES	1
			100535047 WESTCARE NEVADA INC	1
			100535050 WESTCARE NEVADA INC	1
			100535052 WESTCARE NEVADA INC	1
			100537954 SOLUTIONS RECOVERY INC	1
		Douglas	100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		Elko	100535033 VITALITY UNLIMITED	1
		Humboldt	100535045 VITALITY UNLIMITED	1
		Lyon	100535032 RURAL NEVADA COUNSELING	1
		Nye	100535049 WESTCARE NEVADA INC	1
			100539961 WESTCARE NEVADA INC	1
		Washoe	100535020 BRISTLECONE FAMILY RESOURCES	1
			100535034 VITALITY UNLIMITED	1
			100535038 QUEST COUNSELING AND CONSULTING	1
			100535039 TAHOE YOUTH AND FAMILY SERVICES	1
			100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
			100535043 RIDGE HOUSE INC	1
			100535046 STEP 2 INC	1
			100535048 WESTCARE NEVADA INC	1
			100535452 STEP 1 INC	1
			Total	27

**Providers Enrolled** is the unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients.

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 1 2015
			Providers
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Provider ID and Name	
017	215	100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		100535029 COMMUNITY COUNSELING CENTER	1
		100535030 HELP OF SOUTHERN NEVADA	1
		100535031 HELP OF SOUTHERN NEVADA	1
		100535032 RURAL NEVADA COUNSELING	1
		100535033 VITALITY UNLIMITED	1
		100535036 NEW FRONTIER TREATMENT CENTER	1
		100535038 QUEST COUNSELING AND CONSULTING	1
		100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
		100535043 RIDGE HOUSE INC	1
		100535044 BRIDGE COUNSELING ASSOCIATES	1
		100535047 WESTCARE NEVADA INC	1
		100535049 WESTCARE NEVADA INC	1
		100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		100535452 STEP 1 INC	1
		100539961 WESTCARE NEVADA INC	1
		<b>Total</b>	<b>16</b>

**Providers** is the unique count of providers who performed any facility, professional, or pharmacy services.

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter		QTR 1 2015			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	5,905	83.72%	1,148	16.28%

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 1 2015
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	Procedure Requires Authorizati	421
		Duplicate of History File Reco	196
		Duplicate Payment Request - Sa	102
		Recipient Not Eligible on DOS	90
		BILL ANY OTHER AVAILABLE INSUR	83
		Recipient Not on File	64
		ENROLLED IN HMO	57
		NUMBER OF PROCEDURES EXCEEDS N	42
		Unknown Edit Err1 1104	17
		INVALID THIRD DIAGNOSIS	12
		Invalid or Missing Recipient I	12
		MEDICARE REMITTANCE (EOMB) NOT	11
		Unknown Edit Err1 1139	10
		SERVICES NOT COVERED	6
		Unknown Edit Err1 4721	6
		INVALID MODIFIER	3
		PROVIDER NOT APPROVED FOR ELEC	3
		QMB ONLY RECIPIENT - BILL MEDI	3
		CURR PROC. DUPL TO CURR(MAX AL	2
		Charges Span 2 Fiscal Years	2
		PROCEDURE DISAGREES WITH AUTHO	2
		Unknown Edit Err1 4720	2
		ALLOWED AMOUNT > THRESHOLD	1
		AUTHORIZATION NOT VALID FOR DO	1
		<b>Total</b>	<b>1,148</b>

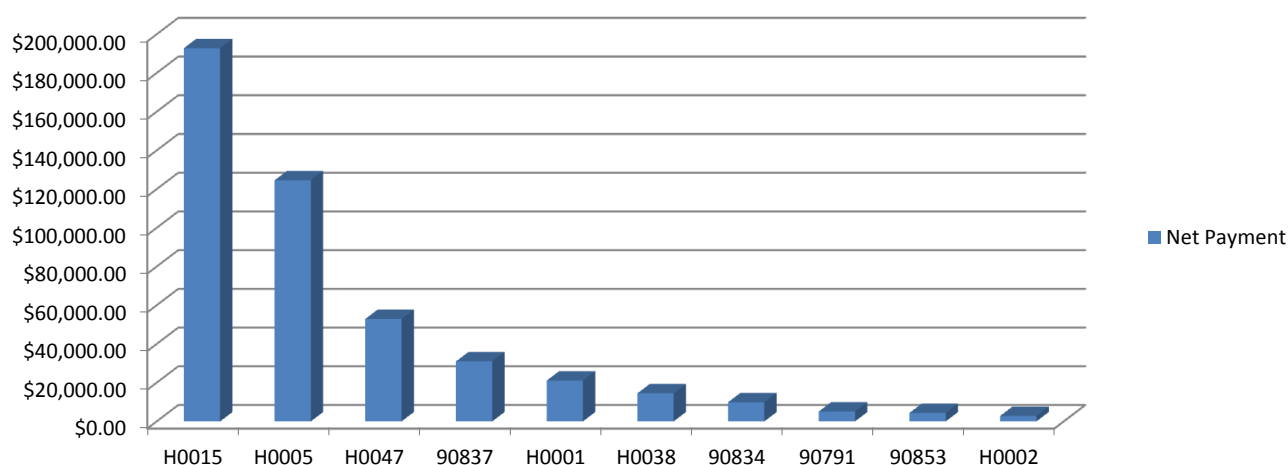
**Edit Error 1** is the description for the edit error (claim denial reason) in the primary position. A single claim can have up to 30 different edit error codes. Error description may be incomplete due to limited character space in the reporting database.

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 1 2015		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0015	Alcohol/drug svc-intensive outpatient program	105	1,383	\$192,837.85
		H0005	Alcohol/drug services-group counsel by clinician	286	4,181	\$124,545.55
		H0047	Alcohol/drug abuse svc not otherwise specified	258	917	\$52,918.45
		90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	68	288	\$31,000.50
		H0001	Alcohol and/or drug assessment	152	152	\$21,088.29
		H0038	Self-help/peer services per 15 minutes	25	1,839	\$14,491.32
		90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	40	134	\$9,905.28
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	38	37	\$5,101.64
		90853	GROUP PSYCHOTHERAPY	24	147	\$4,387.95
		H0002	Behav health screen-eligibility for Tx program	92	92	\$2,830.29
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	5	20	\$1,957.00
		H0049	Alcohol &/or drug screening	125	135	\$1,316.25
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	8	10	\$1,125.50
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	13	18	\$792.00
		90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	9	14	\$532.84
		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	3	3	\$341.28
		H0007	Alcohol/drug services-crisis intervention-outpt	6	11	\$238.81
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	3	4	\$225.08
			Total	1,260	9,385	\$465,635.88

**PT17 Specialty 215  
Top 10 Procedures by Net Payment**



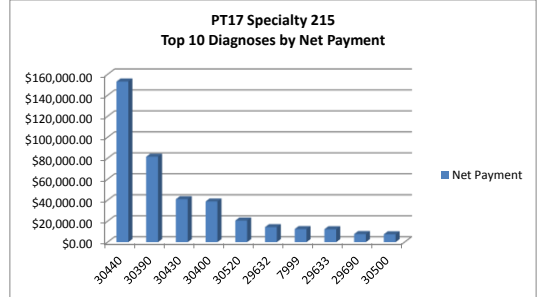
**Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

Total Patient Count is not unique (i.e. patient counts may be duplicated across procedure codes).

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

# **Substance Abuse Agency Model (SAAM)** **Fee for Service Reports**

Time Period: Incurred With Runoff Quarter				QTR 1 2015		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Diagnosis Code Principal	Diagnosis Principal			
017	215	30440	Amphetamine & psychostimulant dependence NOS	215	3,534	\$153,099.40
		30390	Alcohol dependence NEC & NOS, unspecified	142	1,252	\$81,422.39
		30430	Cannabis dependence NOS	74	672	\$40,935.95
		30400	Opioid type dependence NOS	69	894	\$38,726.57
		30520	Cannabis abuse NOS	31	248	\$20,563.20
		29632	Major depressive disorder, recurrent, moderate	8	456	\$14,249.74
		7999	Unknown cause morbidity/mortality NEC	17	224	\$12,435.11
		29633	Major depressive disorder, recurrent, severe	3	411	\$12,268.35
		29690	Episodic mood disorder NOS	4	117	\$7,616.97
		30500	Alcohol abuse NOS	23	106	\$7,419.57
		29623	Major depressive disorder, single episode, severe	2	237	\$7,074.45
		29622	Major depressive disorder, single episode, moderate	4	143	\$4,861.37
		30570	Amphetamine & sympathomimetic abuse NOS	9	77	\$4,591.25
		30981	Posttraumatic stress disorder	9	48	\$4,521.12
		30420	Cocaine dependence NOS	10	207	\$4,517.98
		2929	Drug induced mental disorder NOS	1	150	\$4,477.50
		29651	Bipolar I, most recent episode depressed, mild	1	30	\$4,213.50
		30490	Drug dependence NOS, unspecified	6	57	\$4,012.25
		29652	Bipolar I, most recent depressed, moderate	2	27	\$3,792.15
		30928	Adjustment disorder with mixed anxiety & depressed mood	7	37	\$3,611.49
		30410	Sedative/hypnotic/anxiolytic dependence NOS	3	30	\$3,153.83
		29680	Bipolar disorder NOS	5	48	\$2,783.09
		29570	Schizoaffective disorder NOS	5	22	\$2,757.89
		3004	Dysthymic disorder	4	22	\$2,114.32
		29631	Major depressive disorder, recurrent, mild	5	31	\$1,851.25
		3090	Adjustment disorder with depressed mood	5	20	\$1,824.90
		29530	Paranoid schizophrenia NOS	4	16	\$1,687.28
		30301	Acute alcoholic intoxication in alcoholism, continuous	1	54	\$1,611.90
		30285	Gender identity disorder in adolescents/adults	2	15	\$1,496.96
		30560	Cocaine abuse NOS	3	45	\$1,452.86
		30480	Combination drug dependence excluding opioid NOS	4	14	\$957.53
		311	Depressive disorder NEC	2	16	\$880.00
		30590	Other, mixed or NOS drug abuse NOS	3	21	\$838.02
		31381	Oppositional defiant disorder	1	9	\$808.21
		29634	Major depressive disorder, recurrent, severe with psych	6	10	\$755.69
		30450	Hallucinogen dependence NOS	3	11	\$563.23
		30001	Panic disorder without agoraphobia	2	6	\$552.53
		30540	Sedative/hypnotic/anxiolytic abuse NOS	2	10	\$550.79
		30000	Anxiety state NOS	3	6	\$550.50
		30750	Eating disorder NOS	1	7	\$534.00
		29644	Bipolar I, most recent manic, severe with psych behavior	1	4	\$463.91
		29600	Bipolar I disorder, single manic episode NOS	1	4	\$432.60
		29635	Major depressive disorder, recurrent, part/NOS remission	1	5	\$369.60
		V7109	Observation suspected mental condition NEC	4	4	\$340.46
		30550	Opioid abuse NOS	3	7	\$338.35
		31401	Attention deficit disorder with hyperactivity	2	3	\$278.38
		30924	Adjustment disorder with anxiety	2	2	\$247.61
		2920	Drug withdrawal	1	2	\$228.15
		3099	Adjustment reaction NOS	2	4	\$209.83
		29640	Bipolar I, most recent episode manic NOS	1	2	\$147.84
		31231	Pathological gambling	1	1	\$139.46
		30002	Generalized anxiety disorder	1	2	\$82.06
		30393	Alcohol dependence NEC & NOS in remission	1	1	\$73.92
		29654	Bipolar I, recently depressed, severe with psych behavior	1	1	\$44.00
		29689	Bipolar disorder NEC	1	1	\$44.00
		29590	Unspecified schizophrenia NOS	1	1	\$30.77
		31230	Impulse control disorder NOS	1	1	\$29.85
		Total		726	9,385	\$465,635.88



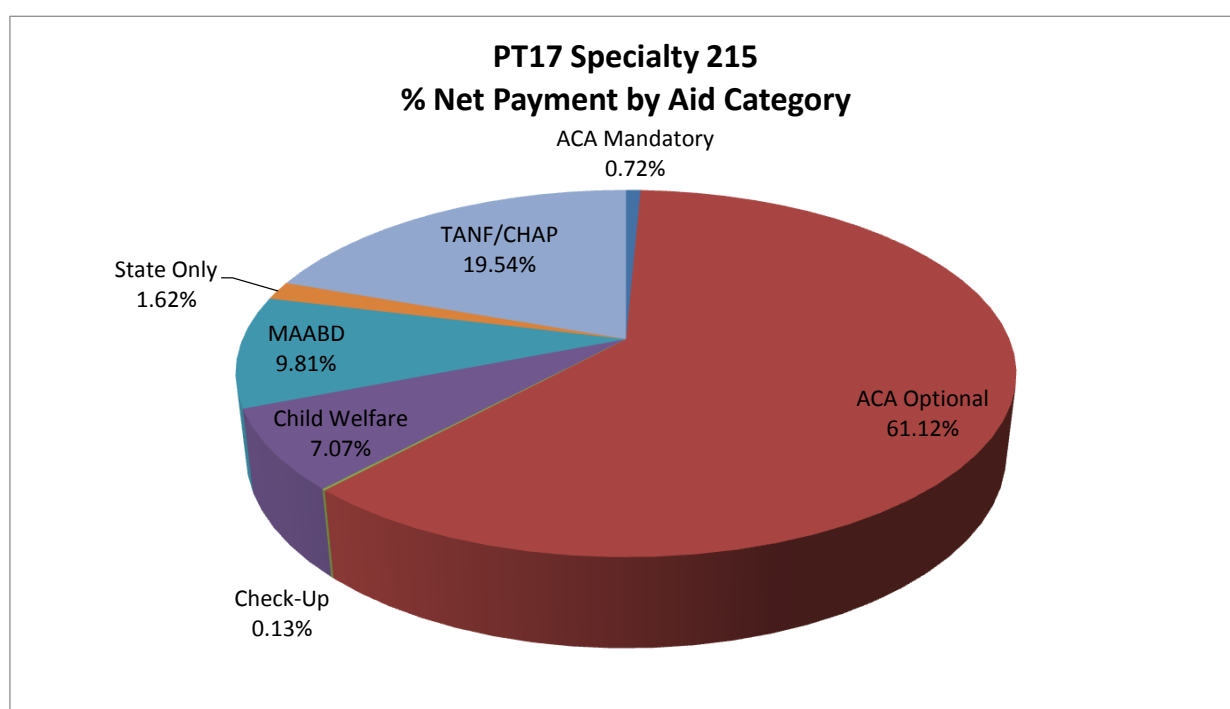
**Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

Total Patient Count is not unique (i.e. patient counts may be duplicated across diagnosis codes).

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 1 2015		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
017	215	ACA Mandatory	4	47	\$3,359.98
		ACA Optional	433	6,499	\$284,583.21
		Check-Up	2	17	\$591.24
		Child Welfare	37	354	\$32,917.00
		MAABD	74	801	\$45,666.51
		State Only	1	253	\$7,552.97
		TANF/CHAP	158	1,414	\$90,964.97
		<b>Total</b>	<b>709</b>	<b>9,385</b>	<b>\$465,635.88</b>



**Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

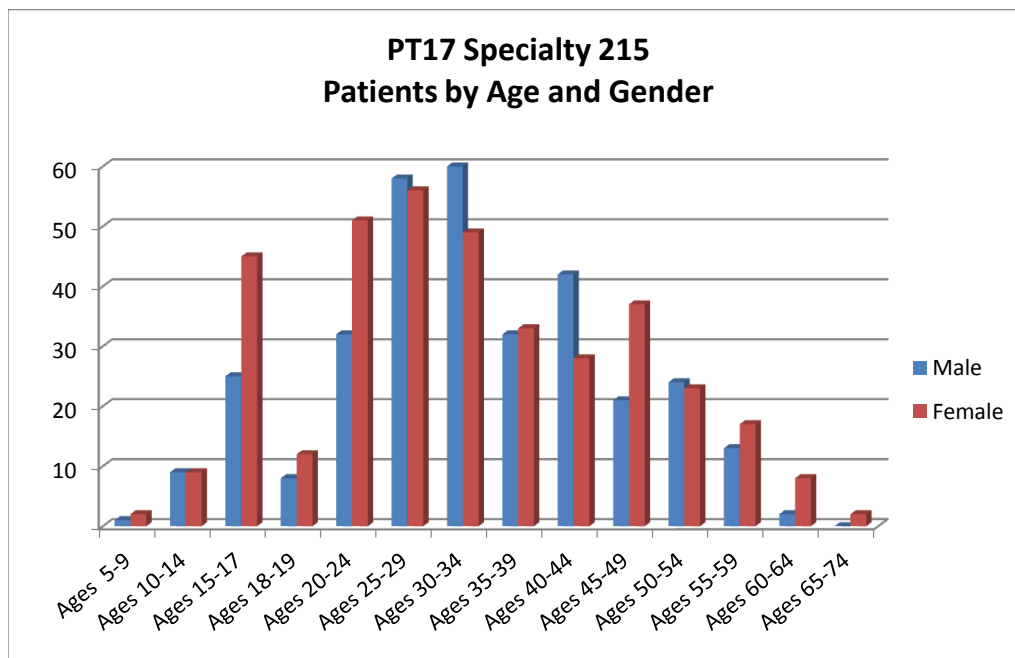
Total Patient Count is not unique (i.e. patient counts may be duplicated across aid categories).

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.



## Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 1 2015	
			Patients	
			F	M
Gender Code				
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group Medstat		
017	215	Ages 5-9	1	2
		Ages 10-14	9	9
		Ages 15-17	25	45
		Ages 18-19	8	12
		Ages 20-24	32	51
		Ages 25-29	58	56
		Ages 30-34	60	49
		Ages 35-39	32	33
		Ages 40-44	42	28
		Ages 45-49	21	37
		Ages 50-54	24	23
		Ages 55-59	13	17
		Ages 60-64	2	8
		Ages 65-74	0	2
		<b>Total</b>	<b>327</b>	<b>372</b>



Note: there is a small amount of Patients that change age during the quarter and fall into more than one age group.

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.